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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 20-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 East 12th Street, Suite 0300

Kansas City, Missouri 64106-2898



**Medicaid and CHIP Operations Group**

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February 24, 2020

Marie Matthews, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0012. This amendment eliminates Medicaid co-payments for all covered eligibility categories and groups.

Please be informed that this State Plan Amendment was approved February 21, 2020, with an effective date of January 1, 2020, as requested by the state. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A solid black rectangular box used to redact the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc:  
Sheila Hogan, Department Director  
Mary Eve Kulawik

## Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

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State/Territory name: **Montana**

Transmittal Number:

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

MT 20-0012

Proposed Effective Date

01/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.50 through 447.57 (excluding 447.55); and 1916 and 1916(A)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$ 1738925.00
Second Year	2021	\$ 2358346.00

Subject of Amendment

As mandated in section 34 of Montana House Bill 658, which was passed by the 2019 Legislature, the Montana Medicaid agency may not require a program participant to make a copayment, to pay a coinsurance amount, or to meet a

Governor's Office Review

- Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Mary Eve

Last Revision Date:

Feb 12, 2020

Submit Date:

Feb 7, 2020



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MT - 20 - 0012

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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